Cimas Medical Aid Society

Harare Head Office: Cimas House, Cnr. Jason Moyo Ave and Harare Street
P.O. Box 1243, Harare, Zimbabwe. Phone 263-04-777300-15. Fax 753567
Cimas Bulawayo: Suite 4 Medical Centre, Cnr, Josiah Tongogara Street and 8th Ave, P.O. Box 5, Bulawayo, Phone: 263 – 09-64876, 72318
Cimas Gweru: No. 23 – Sixth Street, P.O. Box 1402, Gweru, Phone 054-26178
Cimas Mutare: Cimas House, 99 Second Street , P.O. Box 712 or 2560, Mutare. Phone 020-67703, 67639 Fax 020-67795
Website: www.cimas.co.zw

PROVIDERS' APPLICATION FOR ELECTRONIC FUNDS TRANSFER

This form should be completed by Providers who have an account with a commercial bank or building society and want the Society to deposit their claims refunds directly into their accounts.

Please note that your bank or building society account name must be the same as your NAMAS payee name.

PROVIDERS' NAME:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

Telephone(Bus)……..(Home)……..(Cell)……..

E-mail……..

I, NAMAS Number ☐☐☐☐☐ hereby authorise the Society to deposit my claims refunds payments directly into my bank or building society account, the details of which are indicated below. I understand that should I wish to cancel this facility, or change my bank details I should notify the Society in time to allow the changes to be made within 7 days of the Society's receipt of such notification.

NAME OF BANK OR BUILDING SOCIETY:…… BRANCH…….

Branch Code: ☐☐☐☐☐ A/C Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: …….. Date: …….

Please return the form marked for the attention of the Assistant Manager (Special Projects)

OFFICE USE

Approved by……Signature ……..Date……..

Computer Input By…… Signature …….. Date……

BOARD MEMBERS:- S.P. Kuipa (Chairman), M.T. Chaora (Chief Executive Officer), P.W. Fearnhead, G.D. Hollick, T.M. Johnson, J. Karidza, M. Mahlangu, Z.W. Maisiri, E.M. Makonese, E.N. Mushayakarara, J.J. van Heerden